**Sample Informed Consent Form 2**

Dear \_\_\_\_\_\_\_\_\_\_\_,

 You are cordially invited to participate in a research study. The purpose of this research study is to *(briefly describe the purpose of your study, including that the research study is a degree requirement)*. You are being asked to participate because (*describe why this participant was selected).* If you participate in this research, you will be asked to *(describe what your participants will be asked* *to do, what information they will be asked to provide--demographic, attitudinal, test scores, physical* *measures, etc., and describe any potential risks or discomforts to the participant).*

 Your participation will take approximately *(insert approx. length of time needed to participate* *and/or duration of the project itself).*

 Your participation in this research is strictly voluntary. You may refuse to participate at all, or choose to stop your participation at any point in the research, without fear of penalty or negative consequences of any kind.

 The information/data you provide for this research will be treated confidentially, and all raw data will be kept in a secured file by the principal investigator. Results of the research will be reported as aggregate summary data only, and no individually identifiable information will be presented. *(Note - These statements must be true. If you cannot abide by these procedures for assuring* *confidentiality, you must describe the procedures you will follow.)*

 You also have the right to review the results of the research if you wish to do so. A copy of the results may be obtained by contacting the principal investigator at the address below:

 *(Insert your name and mailing address here.)*

 There will be no direct or immediate personal benefits from your participation in this research. (*Describe any benefits to the participant personally, if any exist. Otherwise, insert the “No direct or immediate" statement.)*

Or use: the results of the research may contribute (*Describe any* *potential benefits practical or theoretical) to the field, the profession, or to society as a whole.*

I understand that this research study has been reviewed and Certified by the Institutional Review Board, Davenport University. For research-related problems or questions regarding participants' rights, I can contact Davenport’s Institutional Board at IRB@davenport.edu.

 I have read and understand the information explaining the purpose of this research and my rights and responsibilities as a participant. My signature below designates my consent to participate in this research study, according to the terms and conditions outlined above.

Signature Date

 Print Name:

*(The participant should retain one of the two copies of the consent letter provided by the principal investigator.)*

If giving permission for your minor child to participate in the research study, please print the child’s name here:

Relationship to Child (*circle*) Male Parent Female Parent

Male Grandparent Female Grandparent

Other Male Relative Other Female Relative

(*specify*) (*specify*)

Legal Guardian (*appointed by*)

Please note that children under 18 years of age must have parental permission to participate in a research study and that a separate assent (agreement) form or statement is required for the child’s participation. That statement may be included in this form or attached as a separate document.

*Note: All informed consent statements should be designed to meet the need of each individual* *research project and/or sample group and are, therefore, subject to change as needed.*